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**Toronto’s Vital Signs Grants**

**2021**

**Written Application Guidelines**

Written applications must be submitted through the online portal [here](https://www.grantrequest.com/Login.aspx?ReturnUrl=%2fapplication.aspx%3fSA%3dSNA%26FID%3d35017%26sid%3d6097&SA=SNA&FID=35017&sid=6097).

All applications will be reviewed by a selection committee made up of leaders in Toronto’s non-profit sector, grassroots and community leaders, and one Toronto Foundation staff person.

**WRITTEN APPLICATION TIPS**

* Plan and give yourself enough time to think your project
* Write clearly and provide details about the work you want to do
* Make sure you complete the online form in full
* Explain clearly how your work is filling a gap

The online application is divided into five sections. Before completing the application questions in the portal, you will need to complete the following in this order:

**\*Required**

**SECTION A - ORGANIZATION INFORMATION**

\*Name of applying organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your organization’s mission statement?

|  |
| --- |
|  |

Organization’s charitable registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please enter as XXXXX XXXX RRXXXX**

***If you are applying with a trustee and don't have a charitable number, please enter a single X.***

*Please Note: Section B of the application is where you will enter the information if you are applying with a trustee.*

|  |
| --- |
|  |

\*Total current annual operating budget for the organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Length of time the organization been in existence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please enter the URL of your organization's profile on the CRA website.

***For example, Toronto Foundation's profile can be found***[***here***](https://apps.cra-arc.gc.ca/ebci/hacc/srch/pub/dsplyRprtngPrd?q.srchNm=)***.***



Most Recent Financial Statements

***For registered charities, applications must be accompanied by the organization's most recent audited and signed financial statements (within the last 18 months).  
Please click UPLOAD after you've chosen the file.***

[Choose file](javascript:void(0)) \*.\*

[Upload](javascript:void(0))

**ORGANIZATION EXECUTIVE CONTACT:**

\*First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Title/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ONGOING CONTACT FOR THE GRANT (if successful):**

Same as organization primary contact

\*First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Do you have any social media handles?

Yes No

Facebook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instagram: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LinkedIn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Twitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B – TrusteeSHIP Information**

***If your organization is applying with a trustee who is a registered charity, please complete this section.***

Name of Trustee Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Trustee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name of Trustee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Trustee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Trustee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enter the URL of your trustee's profile on the CRA website.

***For example, Toronto Foundation's profile can be found***[***here***](https://apps.cra-arc.gc.ca/ebci/hacc/srch/pub/dsplyRprtngPrd?q.srchNm=)



Trustee Agreement

***Please click UPLOAD after you've chosen the file.***

[Choose file](javascript:void(0)) \*.pdf, \*.doc, \*.docx

[Upload](javascript:void(0))

Trustee's Audited Financial Statements

***Applications must be accompanied by the organization’s most recent audited and signed financial statements (within the last 18 months).  
Please click UPLOAD after you've chosen the file.***

[Choose file](javascript:void(0)) \*.\*

[Upload](javascript:void(0))

**SECTION C – LOCATION AND DEMOGRAPHICS**

What geographical area is primarily served by your organization. Please check all that apply:

Scarborough

North York

Etobicoke

East York

York

Central/Downtown Toronto

If your work is neighbourhood specific, please list the Toronto neighbourhoods you work in below. If your work is city-wide, just enter ‘City-wide’.

***To look up your neighbourhood(s), please visit the City of Toronto’s Neighbourhood Profiles site*** [***here***](https://www.toronto.ca/city-government/data-research-maps/neighbourhoods-communities/neighbourhood-profiles/?accordion=what-are-the-changes-to-neighbourhoods)***:***

What age group does your organization primarily serve:

|  |  |
| --- | --- |
|  | All Ages |
|  | Infants (0-2) |
|  | Children (3-11) |
|  | Youth (12-18) |
|  | Young Adults (18-29) |
|  | Adults (30-64) |
|  | Seniors (65+) |

What is your organization's primary population served for this upcoming year?

Please check all that apply.

|  |  |
| --- | --- |
|  | Black |
|  | Faith-based |
|  | General population |
|  | Homeless |
|  | Indigenous |
|  | LGBTTIQQ2SA |
|  | Low Income |
|  | Men |
|  | Newcomers |
|  | People with disabilities (this includes physical, visible and invisible disabilities) |
|  | Racialized |
|  | Refugees |
|  | Women |
|  | Other |

Are there any secondary populations served by your organization?

(Please select up to 2)

|  |  |
| --- | --- |
|  | Black |
|  | Faith-based |
|  | General population |
|  | Homeless |
|  | Indigenous |
|  | LGBTTIQQ2SA |
|  | Low Income |
|  | Men |
|  | Newcomers |
|  | People with disabilities (this includes physical, visible and invisible disabilities) |
|  | Racialized |
|  | Refugees |
|  | Women |
|  | Other |

What Toronto's Vital Signs Issue Area is the main focus of your organization this coming year?

|  |  |
| --- | --- |
|  | Arts and Culture |
|  | Environment |
|  | Getting Around |
|  | Health and Wellness |
|  | Housing |
|  | Income and Wealth |
|  | Leadership, Civic Engagement, and Belonging |
|  | Learning |
|  | Safety |
|  | Work |

If your organization has a secondary Issue Area focus, please select it from the list below:

|  |  |
| --- | --- |
|  | Arts and Culture |
|  | Environment |
|  | Getting Around |
|  | Health and Wellness |
|  | Housing |
|  | Income and Wealth |
|  | Leadership, Civic Engagement, and Belonging |
|  | Learning |
|  | Safety |
|  | Work |

**SECTION D - TVSG APPLICATION QUESTIONS**

1. **Funding Request Amount**

Please indicate your funding request

* *Organizations with annual operating budgets less than $1 million can apply for up to $10,000.*
* *Organizations with annual operating budgets between $1 million and $3milion can apply for up to $25,000*

1. **Toronto’s Vital Signs ALIGNMENT:**

**(Suggested word count: 300 words)**

What issue, statistic, quote, story, or gap in the TVS report struck a nerve with you? How does it reflect the priorities of the people your organization works with and supports?

1. **VISION:**

**(Suggested word count: 300 words)**

Over the next two to three years, briefly describe what change (either locally or systemic) you want for the people and communities you work with. What role do you and your organization play in this?   
*(Give one specific example if possible)*

1. **LEADERSHIP:**

**(Suggested word count: 300 words)**

What inspired your organization to start working on these issues or with this community? What keeps you motivated to continue this work?

1. **HOW YOU WORK:**

**(Suggested word count: 300 words)**

What are the most important skills, methods, and approaches you and your organization use to realize your vision for change?   
*(Best practices within your sector or sub-sector, collaboration, partnerships, shared learnings, community involvement, etc)*

1. **EQUITY:**

**(Suggested word count: 300 words)**

How do you ensure the people you work with have access to opportunities, networks, resources, supports, and decision-making power within your organization?   
 *(Processes, procedures, policies, engagement, etc.)*

1. **IMPACT:**

**(Suggested word count: 300 words)**

What is one thing you have planned over the next year that will help you realize the change that you seek?   
***(The funding from this grant is NOT tied to the initiative, project, or event outlined below - it is just to give us a sense of the type of work you do.)***